

2001

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DELAWARE INDIVIDUAL RESIDENT
INCOME TAX RETURN
FORM 200-01

DO NOT WRITE OR STAPLE IN THIS AREA

or Fiscal year beginning _____ and ending _____

Your Social Security No.

Spouse's Social Security No.

(Attach Label Here) **DO NOT COVER SOCIAL SECURITY NUMBERS**

Your Last Name

First Name and Middle Initial

Jr., Sr., III., etc.

Spouse's Last Name

Spouse's First Name

Jr., Sr., III., etc.

Present Home Address (Number and Street)

Apt. #

City

State

Zip Code

FILING STATUS (MUST CHECK ONE)

1. ☐ Single, Divorced
Widow(er)
2. ☐ Joint
3. ☐ Married & Filing
Separate Forms
4. ☐ Married & Filing Combined
Separate on this form
5. ☐ Head of
Household

Form DE2210
Attached☐

If you were a part-year resident in 2001, give the dates you resided in Delaware.

From _____ 2001 To _____ 2001
Month Day Month Day**Column A is for Spouse information, filing status 4 only. All other filing statuses use Column B.**

Column A

Column B

1. DELAWARE ADJUSTED GROSS INCOME. Enter amount from reverse side, Line 39.....	1		00		00
2a. If you elect the DELAWARE STANDARD DEDUCTION check here..... Filing Statuses 1, 3 & 5 Enter \$3250 in Column B Filing Status 4 Enter \$3250 in Column A and in Column B Filing Status 2 Enter \$6500 in Column B					
b. If you elect the DELAWARE ITEMIZED DEDUCTIONS check here..... Filing Statuses 1, 2, 3 and 5, enter Itemized Deductions from reverse side, Line 46 in Column B Filing status 4 enter Itemized Deductions from reverse side, Line 46 in Columns A and B	2		00		00
3. ADDITIONAL STANDARD DEDUCTIONS (Not Allowed with Itemized Deductions - see instructions) CHECK BOX(ES) Column A - if SPOUSE was 65 or over <input type="checkbox"/> Blind <input type="checkbox"/> Column B - if YOU were 65 or over <input type="checkbox"/> Blind <input type="checkbox"/> Multiply the number of boxes checked above by \$2500. If you are filing a combined separate return (Filing status 4) enter the total for each appropriate column. All others enter total in Column B	3		00		00
4. TOTAL DEDUCTIONS - Add Lines 2 & 3 and enter here.....	4		00		00
5. TAXABLE INCOME - Subtract Line 4 from Line 1, and Compute Tax on this Amount.....	5		00		00
6. Tax Liability from Tax Rate Table/Schedule	6		00		00
7. Tax on Lump Sum Distribution (Form 329)	7		00		00
8. TOTAL TAX - Add Lines 6 and 7 and enter here.....>	8		00		00
PERSONAL CREDITS (See instructions, page 6). If you use Filing Status 4, enter the total for each appropriate column. All others enter total in Column B.					
9a. Enter number of exemptions claimed on Federal return _____ X \$110.	9a		00		00
On Line 9a, enter the number of exemptions for: Column A <input type="checkbox"/> Column B <input type="checkbox"/>					
9b. CHECK BOX(ES) Spouse 60 or over (Column A) <input type="checkbox"/> Self 60 or over (Column B) <input type="checkbox"/> Enter number of boxes checked on Line 9b. _____ X \$110.	9b		00		00
10. Tax imposed by State of _____ (Must attach a signed copy of return).....	10		00		00
11. Volunteer Firefighter/Other Non-Refundable Credits (See Instructions).....	11		00		00
12. Child Care Credit. Must attach Form 2441; Sch. 2, 1040A (Enter 50% of Federal credit).....	12		00		00
13. Total Non-Refundable Credits. Add Lines 9a, 9b, 10, 11 & 12 and enter here.....	13		00		00
14. BALANCE. Subtract Line 13 from Line 8. If Line 13 is greater than Line 8, enter "0" (Zero)....	14		00		00
15. Delaware Tax withheld (W2's/1099 Required)	15		00		00
16. 2001 Estimated Tax Paid & Payments with Extensions	16		00		00
17. S Corporation Payments Form 1100S/A-1 Required	17		00		00
18. TOTAL Refundable Credits. Add Lines 15, 16 and 17 and enter here.....>	18		00		00
19. BALANCE DUE. If Line 14 is more than Line 18, subtract 18 from 14 and enter here.....>	19		00		00
20. OVERPAYMENT. If Line 18 is more than Line 14, subtract 14 from 18 and enter here.....>	20		00		00
21. CONTRIBUTIONS TO SPECIAL FUNDS					
A. Non-Game Wildlife			00		
B. U.S. Olympics			00		
C. Emergency Housing			00		
D. Children's Trust			00		
E. Breast Cancer Educ.			00		
F. Organ Donations			00		
G. Diabetes Educ.			00		
Add Lines A thru G and enter here.....	ENTER >	21			00
22. AMOUNT OF LINE 20 TO BE APPLIED TO 2002 ESTIMATED TAX ACCOUNT	ENTER >	22			00
23. PENALTIES AND INTEREST DUE. If Line 19 is greater than \$400, see estimated tax instructions... ENTER >	ENTER >	23			00
24. NET BALANCE DUE (For Filing Status 4, see instructions, page 8).....	PAY IN FULL >	24			00
For all other filing statuses, enter Line 19 plus Lines 21 and 23					
25. NET REFUND (For Filing Status 4, see instructions, page 8).....	TO BE REFUNDED/ZERO DUE >	25			00
For all other filing statuses, subtract Lines 21, 22 and 23 from Line 20					

ATTACH LABEL

STAPLE W-2 FORMS HERE

STAPLE CHECK HERE

COLUMNS: Column A is reserved for the spouse of those couples choosing filing status 4. (Reconcile your Federal totals to the appropriate individual.) Taxpayers using filing statuses 1, 2, 3, or 5 are to complete Column B only.

MODIFICATIONS TO FEDERAL ADJUSTED GROSS INCOME

Filing Status 4 ONLY Spouse Information COLUMN A	All other filing statuses You or You plus Spouse COLUMN B
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SECTION A - ADDITIONS (+)

26. Enter Federal AGI amount from Federal 1040, Line 33; 1040A, Line 19; 1040EZ, Line 4, or telefile, Line I	26		00		00
27. Interest on State & Local obligations other than Delaware.....	27		00		00
28. Fiduciary adjustment, oil depletion.....	28		00		00
29. TOTAL - Add Lines 27 and 28.....	29		00		00
30. Subtotal. Add Lines 26 and 29.....	30		00		00

SECTION B - SUBTRACTIONS (-)

31. Interest received on U.S. Obligations.....	31		00		00
32. Pension/Retirement Exclusions (See instructions).....	32		00		00
33. Delaware State tax refund, Delaware lottery, fiduciary adjustment, work opportunity tax credit Travelink Program, Delaware NOL Carry forward.....	33		00		00
34. Taxable Soc. Sec./RR Retirement Benefits/Higher Educ. Excl./Certain Lump Sum Dist. (See instr.).....	34		00		00
35. SUBTOTAL. Add Lines 31, 32, 33, and 34 and enter here.....	35		00		00
36. Subtotal. Subtract Line 35 from Line 30.....	36		00		00
37. Exclusion for certain persons 60 and over or disabled (See instructions).....	37		00		00
38. Total - Add Lines 35 and 37.....	38		00		00
39. DELAWARE ADJUSTED GROSS INCOME. Subtract Line 38 from Line 30. Enter here and on Front, Line 1..	39		00		00

SECTION C - ITEMIZED DEDUCTIONS (MUST ATTACH FEDERAL SCHEDULE A) If Columns A and B are used and you are unable to specifically allocate deductions between spouses, you must prorate in accordance with income.

40. Enter total Itemized Deductions from Schedule A, Federal Form 1040, Line 28.....	40		00		00
41. Enter Foreign Taxes Paid (See instructions).....	41		00		00
42. Enter Charitable Mileage Deduction (See instructions).....	42		00		00
43. Self-Employed Health Insurance Deduction (See instructions).....	43		00		00
44. SUBTOTAL. Add Lines 40, 41, 42, and 43 and enter here.....	44		00		00
45a. Enter State Income Tax included in Line 40 above (See instructions).....	45a		00		00
45b. Enter Form 700 Tax Credits (Charitable Contributions) (See instructions).....	45b		00		00
46. TOTAL. Subtract Line 45a and 45b from Line 44. Enter here and on Front, Line 2 (See instructions).....	46		00		00

SECTION D - DIRECT DEPOSIT INFORMATION If you would like your refund deposited directly to your checking or savings account, complete boxes a, b and c below. See instructions for details.a. Routing Number b. Type: ☐ Checking ☐ Savingsc. Account Number **BE SURE TO SIGN YOUR RETURN BELOW**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and believe it is true, correct and complete.

Your Signature		Date		Signature of Paid Preparer		Date	
Spouse's Signature (If filing joint or combined return)				Date			
				Address-Zip Code			
Home Phone		Business Phone		Business Phone		EIN, SSN, or PTIN	

NET BALANCE DUE (LINE 24):**NET REFUND (LINE 25):****ZERO (LINE 25):**

DELAWARE DIVISION OF
REVENUE
P.O. BOX 508
WILMINGTON, DE 19899-0508

DELAWARE DIVISION OF
REVENUE
P.O. BOX 8765
WILMINGTON, DE 19899-8765

DELAWARE DIVISION OF
REVENUE
P.O. BOX 8711
WILMINGTON, DE 19899-8711

MAKE CHECKS PAYABLE TO: DELAWARE DIVISION OF REVENUE
REMEMBER TO ATTACH APPROPRIATE SUPPORTING SCHEDULES WHEN FILING YOUR RETURN

(Rev 10/03/01)